



# Program Statement

OPI: CPD  
NUMBER: 5538.04  
DATE: December 23, 1996  
SUBJECT: Escorted Trips

1. **[PURPOSE AND SCOPE §570.40.** The Bureau of Prisons provides approved inmates with staff-escorted trips into the community for such purposes as receiving medical treatment not otherwise available, for visiting a critically-ill member of the inmate's immediate family, or for participating in program or work-related functions.]

Escorted trips fall within two categories, i.e., medical and non-medical. The need and/or reason for an escorted trip may arise unexpectedly (e.g., to visit a critically-ill family member) or may be planned in advance (e.g., to attend an educational function).

This Program Statement establishes the procedures to be followed when considering an inmate for an escorted trip and details the:

- guidelines for selecting escort staff,
- responsibilities of escort staff, and
- instructions for the use of restraint equipment including the Custody Control Belt for MAXIMUM custody inmates.

2. PROGRAM OBJECTIVES. The expected results of this program are:

- a. Escorted trips, for purposes addressed in this Program Statement, will be available for eligible inmates.
- b. Escorted trips will be supervised by the correct number and type of employee.
- c. Appropriate procedures, including those concerning restraint equipment, will be used during all escort trips.
- d. The public will be protected from undue risk.

## **[Bracketed Bold - Rules]**

Regular Type - Implementing Information

e. Application of a Custody Control Belt will be authorized only for a Maximum custody inmate who requires greater security than can be afforded through conventional restraints and where no medical condition precludes its use.

f. A Custody Control Belt will be applied only to prevent escape and/or prevent serious bodily harm and activated only for the purpose of controlling that inmate.

g. Lieutenants who apply the Custody Control Belt and/or escort an inmate wearing a Custody Control Belt will be properly trained in the Custody Control Belt's application, operation, effectiveness, and follow-up requirements.

h. Every incident involving the activation of a Custody Control Belt will be properly reviewed, documented, and reported.

i. Violations of escorted trips will be processed appropriately.

### 3. DIRECTIVES AFFECTED

#### a. Directive Rescinded

PS 5538.03	Escorted Trips (06/23/95)
PS 5558.10	Custody Control Belt, Use Of (09/30/94)

#### b. Directives Referenced

PS 5100.06	Security Designation and Custody Classification Manual (06/07/96)
PS 5180.04	Central Inmate Monitoring System (08/16/96)
PS 5280.07	Furloughs (06/23/95)
PS 5500.06	Guard Service at Local Medical Facilities (12/15/93)
PS 5500.07	Correctional Services Manual (01/31/95)
PS 5540.04	Prisoner Transportation Manual (04/15/93)
PS 5558.12	Firearms and Badges (06/07/96)
PS 5566.05	Use of Force and Application of Restraints on Inmates (07/25/96)
PS 7331.03	Pretrial Inmates (11/22/94)

c. Rules cited in this Program Statement are contained in 28 CFR 570.40 through 570.45.

### 4. STANDARDS REFERENCED

a. American Correctional Association Foundation/Core Standards for Adult Correctional Institutions: FC2-4073, C2-4155, C2-4251.

b. American Correctional Association 3rd Edition Standards for Adult Correctional Institutions: 3-4350, 3-4360, 3-4392.

c. American Correctional Association Foundation/Core Standards for Adult Local Detention Facilities: FC2-5078, C2-5267.

d. American Correctional Association 3rd Edition Standards for Adult Local Detention Facilities: 3-ALDF-4E-08, 4E-30, 4G-06.

e. American Correctional Association Foundation/Core Standards for Adult Correctional Institutions: FC2-4044, FC2-4046, FC2-4047, FC2-4082.

f. American Correctional Association 3rd Edition Standards for Adult Correctional Institutions: 3-4182, 3-4183, 3-4191, 3-4192, 3-4194, 3-4195 (Mandatory), 3-4198 (Mandatory).

g. American Correctional Association Foundation/Core Standards for Adult Local Detention Facilities: FC2-5055, C2-5124, C2-5126, C2-5127, C2-5128.

h. American Correctional Association 3rd Edition Standards for Adult Local Detention Facilities: 3-ALDF-3A-25, 3-ALDF-3A-26, 3-ALDF-3A-28, 3-ALDF-3A-29, S-ALDF-3A-31 (Mandatory).

i. American Correctional Association 2nd Edition Standards for Administration of Correctional Agencies: None.

5. PRETRIAL/HOLDOVER PROCEDURES. Procedures required in this Program Statement are applicable to pretrial and holdover inmates.

6. [MEDICAL ESCORTED TRIPS \$570.41

a. Medical escorted trips are intended to provide an inmate with medical treatment not available within the institution. There are two types of medical escorted trips.

(1) Emergency Medical Escorted Trip. An escorted trip occurring as the result of an unexpected life-threatening medical situation requiring immediate medical treatment not available at the institution. The required treatment may be on either an in-patient or out-patient basis.]

When the inmate's custody level is not readily available at the time of the emergency medical escorted trip, the inmate, for purposes of the escorted trip, shall be considered to have IN custody, or be escorted at the Warden's discretion.

[(2) Non-Emergency Medical Escorted Trip. A pre-planned escorted trip for the purpose of providing an inmate with medical treatment ordinarily not available at the institution. The required treatment may be on either an in-patient or out-patient basis.]

- In-patient. In-patient treatment occurs when the inmate is admitted to the outside medical facility for care that extends beyond the day of admission.
- Out-patient. Ordinarily, treatment is considered out-patient when the inmate departs and returns to the institution on the same day (prior to midnight); however, emergency out-patient treatment may extend beyond midnight (e.g., left institution at 11:00 p.m. and returned at 3:00 a.m.).

**[b. The Clinical Director or designee is responsible for determining whether a medical escorted trip is appropriate.**

**c. Escorted Trip Procedures - Out-Patient Medical Treatment. A recommendation for an inmate to receive a medical escorted trip is prepared by medical staff, forwarded through the appropriate staff for screening and clearance, and then submitted to the Warden for review. The Warden may approve an inmate for an out-patient medical escorted trip.]**

Staff seeking approval shall complete an Escorted Trip Authorization form (BP-502) (Attachment A) and route it and the inmate's central file through:

- the Case Management Coordinator for screening and clearance,
- the Special Investigative Supervisor/Special Investigative Agent (SIS/SIA),
- the Captain for assignment of escort staff and a determination of the required restraints, and
- the Unit Manager and the appropriate Associate Warden for review and recommendation.

In making a determination, staff shall consider the inmate's suitability for the trip and the degree of supervision necessary.

(1) Emergency Out-patient. Approval for an emergency out-patient escorted trip during non-duty hours may be provided by the Administrative Duty Officer (ADO) or, if the ADO is not available, by the Lieutenant on duty. In an emergency, the Shift Lieutenant may give approval verbally, with paperwork to follow.

The approving official during non-duty hours is to immediately notify the Warden.

(2) Non-emergency Out-patient. Approval for a non-emergency out-patient escorted trip is ordinarily obtained during regular duty hours. The ADO may provide approval during non-duty hours. The authority during non-duty hours may not be delegated below the level of the ADO.

An inmate with OUT or COMMUNITY custody may, at the Warden's discretion, be approved for a furlough to obtain local medical treatment not otherwise available at the institution. See the Program Statement on Furloughs for additional information.

(3) The Regional Director (or Regional Duty Officer if non-duty hours) is to be notified of any medical escorted trip for a MAXIMUM custody inmate. See Section 8 of this Program Statement for additional information.

(4) Only the Regional Director may approve any deviation from MAXIMUM custody escort guidelines.

**[d. Escorted Trip Procedures - In-Patient Medical Treatment.**

**A recommendation for an inmate to receive a medical escorted trip is prepared by medical staff, forwarded through the appropriate staff for screening and clearance, and then submitted to the Warden. The Warden may approve an inmate for an in-patient medical escorted trip.]**

For non-emergency in-patient medical treatment, approval must be given prior to the inmate's transfer to a community medical facility using an Escorted Trip Authorization form (BP-502) (Attachment A).

(1) Transfer to Medical Facility. When the treatment is expected to extend beyond the day of transfer, the inmate is considered transferred to the medical facility for in-patient care, and the Regional Health Systems Administrator (RHSA) must be notified, ordinarily by the Health Services Administrator (HSA).

- For a non-emergency medical escorted trip, notification should occur before the transfer has been effected.
- For an emergency medical escorted trip, this notification may be done after the transfer has occurred.

In each case, the HSA is to notify the RHSA of the inmate's return to the institution.

(2) Emergency In-patient. The ADO may grant approval for an emergency escorted trip for in-patient medical treatment during non-duty hours, or if the ADO is not available, the Shift Lieutenant may grant approval. The approving official during non-duty hours is to notify the Warden, and when applicable, the ADO, as soon as possible.

(3) Non-emergency In-patient. Approval for a non-emergency, escorted trip for the purpose of in-patient treatment may not be delegated below the level of Acting Warden (or ADO).

(4) Inpatient Admission. If an escorted trip for medical purposes is expected to result in the inmate's being admitted to a community medical facility for in-patient treatment, these procedures shall be followed:

(a) When applicable, the Captain or, in the Captain's absence, the Lieutenant, is to contact the contract guard service to arrange for custodial coverage. Contract guard services may not be used with MAXIMUM custody inmates as provided in Section 10.

If the inmate is in pretrial status, the U.S. Marshals Service shall be contacted to provide custodial coverage.

(b) Unit staff are to complete two sets of transfer orders (BP-399) (Attachment B). The first is used to transfer the inmate to the medical facility and the second authorizes the inmate's return to the institution. The latter transfer order is to have an open transfer date. Inmate Systems Management (ISM) staff shall produce sufficient copies of the Transfer Receipt (EMS-602) (Attachment C) to establish an appropriate chain-of-custody.

Upon the inmate's return, ISM staff shall complete the "Return of Service" section on the applicable transfer order. Transfer orders are not required for pretrial inmates; however, a Release Authorization form (BP-392) (Attachment D) is to be used as a receipt for custody. When unit staff are not available, the Lieutenant may prepare a temporary transfer order. Unit staff are to complete the required information as soon thereafter as practicable.

The Captain shall develop post orders and log book procedures for correctional officers and contract guard services staff who provide custodial coverage for inmates receiving in-patient medical care to follow. The designated officers are to sign a statement that indicates their awareness of the required procedures. Escort officers shall maintain the post orders and log book procedures during the community placement for medical purposes and return them to the institution upon completing the escorted medical trip. Contract guard service providing custodial coverage must, at a minimum, meet the requirements set forth in the post orders and log book procedures. See the Program Statement on Guard Service at Local Medical Facilities.

(5) The Regional Director (or Regional Duty Officer during non-duty hours) is to be notified of any medical escorted trip for a MAXIMUM custody inmate. See Section 7 of this Program Statement for additional information.

(6) The Regional Director shall have approving authority for deviations from MAXIMUM custody escort guidelines.

(7) Only when an inmate is actually released from the institution can overtime for the inmate's security be charged to the outside medical cost center (B325). The inmate must be released for a visit to a medical consultant or a hospital visit under the SENTRY ARS category of "Local Hosp", or be released on transfer to a Medical Referral Center. These procedures are necessary for any case in which the inmate is released from the institution even though it may only be for a few hours. Institutions shall not carry these temporary releases in outcount status.

(8) The correctional officer(s) receiving overtime pay must provide security for an inmate outside the institution while the inmate is transferred from the institution to the consultant or hospital, or while he/she is transported back to the institution. An officer may be allowed two hours of outside medical overtime to prepare for the detail. Medical overtime may not be charged for security provided within the institution, except if:

A staff member on-duty and assigned to an inside post is the only qualified available person for the outside escort and must be replaced. Overtime may be given to the staff assigned to replace the individual on the inside post. Overtime may not be given to the staff member on the outside escort.

(9) When overtime for a medical situation is credited to staff, a copy of SENTRY report Inmate History Inquiry, indicating the inmate's name and number and the time the inmate was in the release status of "Local Hosp," or "Transfer" to a Medical Referral Center, shall be attached to the Time and Attendance sheet.

**7. [NON-MEDICAL ESCORTED TRIPS \$570.42]**

**a. Non-medical escorted trips allow an inmate to leave the institution under staff escort for approved, non-medical reasons.**

**There are two types of non-medical escorted trips.**

**(1) Emergency Non-Medical Escorted Trip.** An escorted trip for such purposes as allowing an inmate to attend the funeral of, or to make a bedside visit to, a member of an inmate's immediate family. For purposes of this rule, immediate family refers to mother, father, brother, sister, spouse, children, step-parents, and foster parents.

**(2) Non-Emergency, Non-Medical Escorted Trip.** An escorted trip for such purposes as allowing inmates to participate in program-related functions, such as educational or religious activities, or in work-related functions.

**b. Escorted Trip Procedures - Emergency Non-Medical Reasons**  
Unit staff are to investigate, and determine, the merits of an

escorted trip following a review of the available information. This includes contacting those persons (e.g., attending physician, hospital staff, funeral home staff, family members, U.S. Probation Officer) who can contribute to a determination on whether an escorted trip should be approved.

(1) The government assumes the salary expenses of escort staff for the first eight hours of each day. All other expenses, including transportation costs, are assumed by the inmate, the inmate's family, or other appropriate source approved by the Warden. The necessary funds must be deposited to the inmate's trust fund account prior to the trip. Funds paid by the inmate for purposes of the escorted trip are then drawn, payable to the Treasury of the United States. Unexpended funds are returned to the inmate's trust fund account following the completion of the trip.]

Unit staff, in consultation with the Business Office, are to determine the cost of the escorted trip. The inmate is to complete a BP-199 form payable to the U.S. Treasury in the amount of the expenses to be paid by that inmate.

[(2) A request for an inmate to receive an emergency non-medical escorted trip is prepared by unit staff, forwarded through the appropriate staff for screening and clearance, and then submitted to the Warden. Except as specified in §570.43, the Warden may approve an inmate for an emergency non-medical escorted trip.]

§570.43 refers to Section 8 of this Program Statement.

Unit staff, after obtaining the required information, shall route the Escorted Trip Authorization form (BP-502) and the central file through the:

- Case Management Coordinator for screening and clearance,
- Captain for assignment of escort staff and a determination of the required restraints, and
- Unit Manager and the Associate Warden for review and recommendation.

In making a determination, staff should consider the inmate's suitability for the trip and the degree of supervision necessary.

The ADO may grant approval for an emergency non-medical escorted trip during non-duty hours. This authority may not be further delegated.

**[c. Escorted Trip Procedures - Non-Emergency, Non-Medical Reasons.** This type of escorted trip is considered for an inmate who has been at the institution for at least 90 days, and who is considered eligible for less secure housing and for work details,



**under minimal supervision, outside the institution's perimeter. A recommendation for an inmate to receive an escorted trip for non-emergency, non-medical reasons is prepared by the recommending staff, forwarded through the appropriate staff for screening and clearance, and then submitted to the Warden. Except as specified in §570.43, the Warden may approve an inmate for a non-emergency, non-medical escorted trip.]**

§570.43 refers to Section 8 of this Program Statement.

Escorted trips for emergency, non-medical cases are ordinarily available only to inmates with either OUT or COMMUNITY custody. The requesting department shall submit the Escorted Trip Authorization form (BP-502). For the review procedure, see Section 6.b.(2) of this Program Statement. Specific arrangements for inmate town drivers may be established locally.

Approval for a non-emergency, non-medical escorted trip may not be delegated below the level of Acting Warden.

**8. [INMATES REQUIRING A HIGH DEGREE OF CONTROL AND SUPERVISION §570.43. Only the Regional Director may approve a non-medical escorted trip (either emergency or non-emergency) for an inmate determined to require a high degree of control and supervision.]**

a. The Regional Director's approval authority may not be delegated below the level of Acting Regional Director.

b. The phrase "a high degree of control and supervision" ordinarily refers to an inmate with MAXIMUM or IN custody. The Regional Director may approve escorted trips for emergency and non-emergency, non-medical reasons only upon receipt of a favorable Warden's recommendation and his or her determination that the escorted trip is warranted. In making this determination, all relevant information (e.g., inmate's sentence, time in custody, adjustment, as well as the nature of the request) shall be considered. The Regional Director shall maintain a written record, including reasons, for regional approval.

c. Prior approval of the Regional Director is not necessary for an inmate requiring a high degree of control and supervision to receive an emergency medical escorted trip. However, the Regional Director (or Regional Duty Officer if during non-duty hours), is to be notified as soon as possible of any medical escorted trip for a MAXIMUM custody inmate.

**9. [SUPERVISION AND RESTRAINT REQUIREMENTS §570.44. Inmates under escort will be within the constant and immediate visual supervision of escorting staff at all times. Restraints may be applied to an inmate going on an escorted trip, after considering the purpose of the escorted trip and the degree of supervision required by the inmate.**

**Except for escorted trips for a medical emergency, an inmate going on an escorted trip must agree in writing to the conditions of the escorted trip (for example, agrees not to consume alcohol).]**

An escorted trip merely extends the limits of an inmate's confinement. Prior to an escorted trip, escort staff are expected to read both this Program Statement on Escorted Trips and Chapter 8 of the Correctional Services Manual and are required to sign the Escort Instructions (Attachment E). This attachment also sets forth the minimum requirements on the use of restraints. All non-medical escorted trips, such as bedside visits and funeral trips, require the use, throughout the escorted trip, of at least the minimum restraints specified in Attachment E. No exceptions may be made.

Except for medical emergency trips, the inmate shall sign the Conditions of Escorted Trip (Attachment F).

10. WITNESS SECURITY INMATES. Except for emergency medical escorted trips, prior authorization must be received from the Inmate Monitoring Section, Central Office, for a witness security inmate to go on an escorted trip. In emergency medical situations, the inmate shall be transported to the nearest medical facility in accordance with local procedures. During normal working hours, the Inmate Monitoring Section shall be notified as soon as possible by telephone. After normal working hours, the Central Office Duty Officer should be notified for further contact with the Inmate Monitoring Section Duty Officer. Questions concerning this section should be directed to the institution's Case Management Coordinator.

**11. [VIOLATION OF ESCORTED TRIP §570.45**

**a. Staff shall process as an escapee an inmate who absconds from an escorted trip.**

**b. Staff may take disciplinary action against an inmate who fails to comply with any of the conditions of the escorted trip.]**

12. SELECTION OF ESCORTS. The Captain, in consultation with the Health Services Administrator, the Unit Manager, or others, as appropriate, selects escorting staff. The Captain shall indicate, on the approval form, the specific staff member, ordinarily escorting staff with the highest correctional services rank, who is to serve as the officer-in-charge (OIC). This person shall have decision-making authority and responsibility while on the escorted trip.

Depending on the inmate's custody and other conditions the Warden imposed, the requirements outlined below apply. The designated staff, weapons, and restraint requirements for an escorted trip are to remain in effect while the inmate is in in-patient status,

except when the Regional Director authorizes deviation. This provision also applies to contract guard services. Any deviations from the requirements listed for staffing or weapons shall require the Regional Director's prior approval.

Escorts who carry weapons are expected to abide by the requirements of the Program Statement on Firearms and Badges. Restraint requirements shall be in accordance with the Correctional Services Manual.

During unusual medical or "life threatening" circumstances, the Warden, after consulting with the Captain and the Health Services Administrator, shall consider all factors concerning the type(s) of restraints that may be necessary to meet the security needs for the inmate. Examples of such circumstances include transporting pregnant inmates to an outside medical facility or transporting inmates with fractured limbs or serious neck injuries. When these similar factors are present, the Warden shall balance the inmate security needs with that individual's medical requirements. The existence of unusual factors may cause the Warden or designee to:

- avoid using all required restraints,
- increase staff escorts,
- consider authorizing the use of a weapon, or wheelchair, or soft or vinyl restraints, or chase vehicle, etc.
- obtain approval from the Regional Director to deviate from the requirements.

Should it be necessary to deviate from the norm, the Escorted Trip Authorization form (BP-502), shall reflect those factors used to support the decision.

- a. MAXIMUM Custody. Contract guard services may not be used.

(1) Staffing. A minimum of three staff escorts are required for each inmate with one staff member being a Lieutenant. In addition to the three staff with the inmate, there must also be staff in a back-up car (follow vehicle). It is recommended that two staff occupy the back-up car. The staff-inmate ratio shall be maintained regardless of the number of inmates supervised. At least one of the staff escorts, in addition to the Lieutenant, must be a non-probationary staff member.

(2) Weapons. At least one staff escort must be armed. Staff in the follow vehicle must also be armed. It is recommended that staff carry three fully loaded magazines of ammunition with each weapon, in addition to the magazine in the weapon.

(3) Restraints. Handcuffs with the C&S Handcuff Cover, Martin Chains, and Leg Irons shall be used at all times. Refer to Section 12 above, for considerations when escorting pregnant inmates.

(4) Protective Vests. Staff members involved in the escorting of MAXIMUM custody inmates shall wear protective vests (threat level III - A at a minimum).

b. IN Custody. Contract guard services may be used for IN custody inmates who are minimum or low security levels. Contract guard services may not be used for medium and high security inmates.

(1) Staffing. A minimum of two staff escorts for the first inmate, with one additional staff member are required for each additional inmate. The Warden may require an additional number of escorts if he/she determines it is warranted. At least one of the staff escorts must be a non-probationary staff member.

(2) Weapons. The Warden has the authority to determine if the escorting staff will be armed. If weapons are authorized, a minimum of two staff escorts shall escort IN custody inmates with at least one staff member armed.

(3) Restraints. Handcuffs with Martin Chains shall be used at all times. Other restraint equipment may be used at the escorting officers' discretion. Refer to Section 12 above, for considerations for escorting pregnant inmates.

(4) Protective Vests. Staff members involved in the escorting of IN custody inmates shall wear protective vests (threat level III - A at a minimum), when the escort requires weapons.

c. OUT Custody. Contract guard services may be used.

(1) Staffing. At least one non-probationary staff member. One staff member may escort a maximum of five OUT custody inmates.

(2) Weapons. No weapons are required.

(3) Restraints. Restraint equipment may be used at the discretion of the escorting officer(s). Refer to Section 12. when escorting pregnant inmates.

d. COMMUNITY Custody. Contract guard services may be used.

(1) Staffing. At least one non-probationary staff member. One staff member may escort a maximum of five community custody inmates.

(2) Weapons. No weapons are required.

(3) Restraints. No restraints are required.

e. Other Considerations

(1) At least one staff member of the same sex as the inmate shall be assigned to escort inmates with IN, OUT, COMMUNITY, or MAXIMUM custody.

(2) Privately-owned vehicles may not be used for escorted trips.

13. AUTHORIZATION FOR USE OF A CUSTODY CONTROL BELT. The Remote Electronically Activated Technology (R-E-A-C-T) Stun Belt is the only Custody Control Belt within the Bureau of Prisons for use with MAXIMUM custody inmates.

Only the Warden of a High or Administrative security level institution or his/her designee may approve the use of a Custody Control Belt. The approving official shall authorize use of the belt only after determining that an inmate requires greater security than is afforded through conventional restraints and the inmate has no medical condition that precludes its use.

a. Use of Other Restraints. The Custody Control Belt is not intended for use in lieu of conventional restraints, but shall be used in addition to such restraints. Escorting staff may only reduce minimum restraint requirements if the Warden has given specific prior approval. The Custody Control Belt provides a less-than-lethal security option for high-risk escorts. While the Custody Control Belt is intended to provide a Less-Than-Lethal security option for High-Risk escorts, in the interest of general safety, staff are to follow the requirements on the Use of Deadly Force contained in the Program Statement on Firearms and Badges.

It is Bureau policy to use Custody Control Belts to prevent escapes or to prevent the loss of life or grievous bodily harm.

The Assistant Director, Correctional Programs Division, may allow for exception to this policy.

(1) Escape Prevention. The Custody Control Belt may be used to prevent an escape. In the event of an attempted escape, verbal orders to halt shall first be given to the inmate wearing the belt. When the inmate fails to halt immediately, the belt shall be activated. If the inmate has escaped and is out-of-view of the escorting officer, a verbal warning to halt is not necessary. However, escorting officers must be aware that the remote device is only effective at a distance of 300 feet or less.

This does not preclude, in certain circumstances, the use of deadly force, which may or may not be used without activation of the Custody Control Belt. This shall be under the OIC's discretion in accord with the Program Statement on Firearms and Badges.

(2) Prevention of the Loss of Life or Grievous Bodily Harm Staff may use the Custody Control Belt when there is a reasonable belief that the escorted inmate's actions are likely to result in the loss of life or grievous bodily harm to staff, inmates, or others. The OIC of the escort detail must exercise sound judgment when making a decision to activate the Custody Control Belt. Verbal orders are not required if the staff member reasonably believes a danger of death or grievous bodily harm is imminent.

b. Authorized Official. The OIC of any escort detail when the Custody Control Belt is used must be a GS-11 Lieutenant trained in its use. Training shall encompass either training by a representative of the vendor of the Custody Control Belt or a Bureau employee whom a vendor representative has certified to provide this training. The Employee Development Manager shall document all training.

Only the escort detail's OIC may carry and use the activating device for the belt. Only after mandatory "Custody Control Belt Training" may a GS-11 Lieutenant serve as the OIC, or as a member of a team escorting an inmate approved to wear the Custody Control Belt. Prior to applying the Custody Control Belt, the OIC must complete the Custody Control Belt Documentation form (Attachment G).

The justification for the approval to use the control belt must be documented in detail on the Escorted Trip Authorization form (BP-502).

#### 14. USE OF A CUSTODY CONTROL BELT

a. Medical Staff Review. When medical staff review the Escorted Trip Authorization form, a specific indication should be made for each MAXIMUM custody inmate as to whether any medical condition exists that would preclude using a Custody Control Belt. Disqualifying medical situations include, but are not limited to:

- pregnancy
- heart disease
- multiple sclerosis
- muscular dystrophy
- epilepsy.

Only a Health Services professional (Physician, Physician Assistant, or Nurse Practitioner) shall be authorized to conduct this review which shall include a review of the inmate's medical file and other available documentation at the institution.

b. Inmate Notification. Prior to applying the Custody Control Belt, the inmate shall be advised the belt is going to be placed on him/her, and under what circumstances it can be activated. This is accomplished by allowing the inmate to read, or have read to him/her, the Inmate Notification form (Attachment H). If possible, the inmate shall be given the opportunity to sign the notification form. However, if this is not possible, or if the inmate refuses, staff shall document this refusal on the form.

15. CUSTODY CONTROL BELT REPORTING REQUIREMENTS. If the Custody Control Belt is activated while being worn by an inmate, the Escort Detail OIC shall notify the approving Warden or his/her designee immediately.

a. Medical Examination. Medical staff shall examine the inmate as soon as possible after activation of the Custody Control Belt and document that examination in the inmate's medical record. Any injuries, bruises, or marks on the inmate's body shall be documented via photograph or videotape, which the Chief Correctional Supervisor shall retain. When this examination may not be possible (e.g., lengthy escorted trip), escorting staff shall proceed to a local medical facility for medical examination and possible treatment.

b. OIC Reports. The OIC shall submit both a written report and (page 2) of the Custody Control Belt Documentation (Attachment G) to the Warden whenever the Custody Control Belt is activated while worn by an inmate. These reports must be submitted prior to the end of the OIC's tour of duty.

c. Use of Force Reports. Consistent with the Program Statement on Use of Force and Application of Restraints, both the Report of Use of Force (BP-583), and the After-Action Review Report form (BP-586), shall also be completed and routed accordingly.

d. Reports to Regional and Central Office. The Warden shall submit a full written report of an incident involving activation of the belt to the Regional Director within 24 hours. Copies of this report shall be sent to the Assistant Director, Correctional Programs Division, and the Assistant Director, Health Services Division.

16. TRAINING RESPONSIBILITIES. The Correctional Services Administrator, Central Office, in conjunction with the Management and Specialty Training Center, shall develop training procedures for escorted trips. The Captain at each Bureau institution is

responsible for ensuring that all staff escorts are trained in accordance with these procedures. This training should also be provided to other appropriate departments regularly.

This shall also be provided at each institution where the Custody Control Belt is authorized. The Warden at each High and Administrative security level institution is responsible for ensuring that only GS-11 Lieutenants who have been properly trained and certified with the Custody Control Belt's application, operation, effectiveness, and follow-up requirements are authorized to apply the belt to a MAXIMUM custody inmate and/or escort a MAXIMUM custody inmate in the community who has a Custody Control Belt applied.

17. PROGRAM REVIEW RESPONSIBILITIES. The Program Review Division, Correctional Services Branch, shall review the Escorted Trip Program. The Warden may select appropriate staff to conduct periodic internal reviews.

18. SENTRY RESPONSIBILITIES. ISM staff are responsible for entering admission and release transactions.

19. CONFIDENTIALITY. Except in unusual circumstances, inmates scheduled for an escorted trip shall not to be advised of the:

- time,
- date,
- method of travel, and
- destination.

\s\  
Kathleen M. Hawk  
Director



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Attachment A Page 1

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

1. Institution		(PHOTO)
2. Inmate Name	3. Register No.	
4. Unit	5. Custody	
6. Request Initiated by (Name / Department)		

## 7. PURPOSE OF TRIP

☐ Non-emergency, non-medical☐ Emergency, non-medical☐ Non-emergency, medical (out-patient)☐ Emergency, medical (out-patient)☐ Non-emergency, medical (in-patient)☐ Emergency, medical (in-patient)Basis for Escorted Trip (Explain Briefly)


8. Date of Trip	9. Destination (complete address)
10. Time/Date of Departure	11. Time/Date of Return
12. Mode of Transportation (If other than by government vehicle, provide specific information, i.e., airline flight schedule)	
13. Estimated Cost	14. Amount in Inmate's Trust Fund Account
15. If inmate must pay part of cost, are required funds deposited to his/her trust fund account: <input type="checkbox"/> yes <input type="checkbox"/> no (must be deposited prior to trip)	
16. Additional Information (Provide any significant information regarding inmate's prior record, unusual circumstances of trip, special precautions to be taken, etc.)	
Review by Unit Manager (Include comments and recommendations)	
Unit Manager's Typed Name and Signature	Date

Continued below

Record Copy - Control Center; Copy - Receiving &amp; Discharge; Copy - Central File; Copy - Escorting Officer(s)

(This form may be replicated via WP)

Replaces BP-502(55) of MAR 92

Inmate Name	Register No.
-------------	--------------

**PART B - CENTRAL INMATE MONITORING REVIEW**

17. Central Inmate Monitoring: \_\_\_\_\_ Yes \_\_\_\_\_ No

Assignment: \_\_\_\_\_ Clearance Granted: \_\_\_\_\_

Reviewed By Central Inmate Monitoring Coordinator (Include comments and recommendations) \_\_\_\_\_

\_\_\_\_\_

CIM Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART C - REVIEW BY CLINICAL DIRECTOR / HSA**

18. Reviewed By Clinical Director / HSA (Include comments and recommendations) \_\_\_\_\_

\_\_\_\_\_

Clinical Director / HSA's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART D - S I S (S I A) REVIEW**

19. Reviewed By SIS (SIA) (Include comments and recommendations) \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART E - CORRECTIONAL SERVICES REVIEW**

20. Type of restraints required: \_\_\_\_\_

21. Escorting Officer(s): Officer-in-Charge: \_\_\_\_\_

Other Escorting Officers: \_\_\_\_\_

22. Weapons Required: \_\_\_\_\_ Yes \_\_\_\_\_ No

23. Reviewed By Captain (Include comments and recommendations) \_\_\_\_\_

\_\_\_\_\_

Captains's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ASSOCIATE WARDEN REVIEW**

24. Reviewed By Associate Warden (Over Custody) (Include comments and recommendations) \_\_\_\_\_

\_\_\_\_\_

Associate Warden's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVAL / DISAPPROVAL**

25. WARDEN / SUPERINTENDENT: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

(Comments) \_\_\_\_\_

\_\_\_\_\_

Warden's / Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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REGIONAL DIRECTOR: (Where review and approval is required - See Program Statement on escorted trips)

\_\_\_\_\_ Approved                      \_\_\_\_\_ Disapproved                      (Comments) \_\_\_\_\_

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Regional Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

END FORM

MAY 94

Attachment B

**U.S. DEPARTMENT OF JUSTICE****FEDERAL BUREAU OF PRISONS**

In accordance with authority provided in Title 18, U.S. Code, Section 3621, and the authority delegated to me by the Director of the Bureau of Prisons, I hereby order transfer of:

Name of Inmate	Register No.
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From (Name of Institution and Location)

To (Name of Institution and Location)

Reason for Transfer	Transfer Code
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Health Status	Central Inmate Monitoring Case _____ No _____ Yes-CIMC Assignment _____
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Signature of Transferring Authority	Title of Transferring Authority	Date
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RETURN OF SERVICE - Pursuant hereto, I have this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_, executed the above order and committed the inmate to the institution indicated.

Signature	Name
Title	Agency

For transfer to CTC's, complete the following:

Projected release date	Type of release
Scheduled date and time of departure and transportation information	Scheduled date and time of arrival

INST: P.S. 5538.04  
Attachment C

Attachment C

DATE :

[illegible]

EMS 602

WARDEN

BY: \_\_\_\_\_ BUS LIEUTENANT

MAY 94

Attachment D

**U.S. DEPARTMENT OF JUSTICE****FEDERAL BUREAU OF PRISONS**

Inmate Name	Register No.	Institution	Date
Release Date	Method	Detainer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Custody Will Be Taken by:

**CERTIFICATION:** I certify that this release is in accordance with applicable and controlling rules, regulations and statutory provisions. I have personally reviewed this inmate's Judgment and Commitment File, and determined that there is no information that would prevent release by the method stated above. All Judgment and Commitment Orders, U.S. Parole Commission Warrants, Notice of Actions, Good Time Documents, and all detainer information have been personally reviewed by me.

Name/Title	Signature	Date
Thumbprint	(Photo)	
<b>RELEASE ACTION</b>		

Identified by:	Released by:	
Funds Paid by:	Date of Release:	Time of Release:

**RECEIPT OF AGENT TAKING CUSTODY**

I have received the above named prisoner, together with personal property and funds in the amount of \$ _____		
Name/Title	Signature	Date
Location		

Record Copy - Receiving & Discharge File in Judgment & Commitment File; Copy - Case Management, Central File (Section 5); Copy - Control Room; Copy - Hospital; Copy - Transporting Officer

(This form may be replicated via WP)

Replaces BP-392(58) of OCT 90

**ESCORT INSTRUCTIONS**

The Warden may approve an escorted trip for an inmate. An escorted trip may be approved for such reasons as obtaining medical care not available in the institution; visiting a critically ill family member; attending the funeral of a family member; participating in approved community functions; and performing work-related functions.

This form is for escorted trips of a routine of emergency nature. Institutions authorizing escorted trips for recreation purposes should develop local guidelines.

1. The trip must be completed according to the schedule, places and events indicated in the trip authorizations. Unexpected situations making this impossible will be reported to the Control Room Tel.  
\_\_\_\_\_. The Warden, or when absent, the Administrative Duty Officer, will issue instructions for completion of the trip.
2. Restraints required in accordance with the inmate's custody are described below unless the Warden specifies in writing other provisions.

MAXIMUM Custody - Handcuffs with the C&S Handcuff Cover, Martin Chains, and Leg Irons shall be used at all times.

IN Custody - Handcuffs with Martin Chains shall be used at all times. Other restraint equipment may be used at the discretion of the escorting officers.

OUT Custody - Restraint equipment may be used at the discretion of the escorting officer(s).

COMMUNITY Custody - No restraints are required.

NOTE: The escorting officer must maintain the minimum requirements established for the amount of restraints to be used. Medical trips which require removal of restraints for such purposes as emergency treatment, X-rays, and application of bandages must have the Warden's approval prior to removal. Under no circumstances will minimum restraints be removed during social trips, such as for bedside visits and funerals. The minimum restraints as specifically identified can be increased at the discretion of the escorting officer, but at no time will the minimum requirements be reduced.

In addition to restraints, the escorts shall maintain constant visual supervision. Extra restraint equipment shall be provided the escort(s) in the event of unforeseen problems or faulty equipment. The Warden may also specify additional requirements where appropriate.

DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS

P.S. 5538.04  
December 23, 1996  
Attachment E, Page 2

3. Inmates shall be housed only in pre-arranged holdover points. (Federal correctional facilities or Federally approved jails, when available)
4. Escorts shall use pre-established routes, unless approval of change is obtained. For security reasons, movement times and routes shall remain confidential.
5. Although every effort shall be made not to humiliate an inmate, discretion and good judgment must be used when considering the removal of any restraint equipment. Prior arrangements should be made for holdover points which have facilities for meals and housing.
6. Trips for medical purposes may require removal of restraints for treatment or examination. Insofar as possible, this should be pre-determined by the Health Systems Administrator. Prior authorization to do so must be given to the escort(s) by the Warden.
7. Inmates are not permitted to have possession or use of any narcotics paraphernalia, drugs, or intoxicants not prescribed for the individual by the medical staff.
8. The escorting officer(s) is required to have read and to be familiar with the Program Statement on Escorted Trips and with Chapter 8, Transportation of Federal Offenders, of the (Correctional Services) Manual.

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INMATE'S NAME:

REG. NO.:

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I have read and I fully understand my responsibilities in regard to transporting prisoners as outlined in the Program Statement on Escorted Trips and in Chapter 8 of the Correctional Services Manual, in the trip authorization, and as outlined above. I also understand NO GRATUITIES OF ANY TYPE MAY BE ACCEPTED by me from an inmate, an inmate's family or friends for performing escort duties or for any other reason.



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\_\_\_\_\_  
Escorting Officer-in-Charge (Typed Name and Signature)

\_\_\_\_\_  
Escorting Employee's Name (Typed)

\_\_\_\_\_  
Escorting Employee's Name (Typed)

\_\_\_\_\_  
Escorting Employee's Signature

\_\_\_\_\_  
Escorting Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

This form is to be on file in the Captain's Office. A new set of escort instructions must be signed prior to each escorted trip.

CONDITIONS OF ESCORTED TRIP

1. While on escorted trip status, I understand that I remain in the custody of the Bureau of Prisons. I agree to conduct myself in a manner not to bring discredit to myself or to the Bureau of Prisons. I understand that I am subject to arrest and/or institution disciplinary action for violating any condition of my escorted trip.
2. I will not violate the laws of any jurisdiction (federal, state, or local).
3. I will not leave the area of my escorted trip without permission. I understand that an unauthorized absence from the escort's supervision may be deemed as an attempt to escape from confinement and may subject me to prosecution. Failure to return to the Institution with the escorting staff will be reported as an escape.
4. I will not purchase, possess, use, consume, or administer any narcotic drugs, marijuana, or intoxicants in any form. I will not use any medication that is not prescribed and given to me by the institution medical department.
5. I will not arrange to visit my family or friends unless this permission is given prior to the trip. If such a visit is arranged without permission, I understand that the trip escort is instructed to return all the participants immediately to the institution.
6. I will not make any phone calls, drive an automobile, or obtain medical attention, except in emergencies.
7. I agree to contact the institution at \_\_\_\_\_ in the event of serious difficulty.
8. I will not return from escorted trip with any article that I did not take out with me (for example, clothing, jewelry, books). I understand that I may be thoroughly searched and given a urinalysis and/or breathalyzer and/or other comparable test upon my return to the institution. I understand that I will be held accountable for the results of the search and test(s).
9. Special Instructions:

I have read, or had read to me, and I understand the above conditions concerning my escorted trip and I agree to abide by them.

Inmate's Signature: \_\_\_\_\_ Reg. No.: \_\_\_\_\_

Signature/Printed Name of Staff Witness \_\_\_\_\_

BP-S599.055 **CUSTODY CONTROL BELT DOCUMENTATION** CDFRM

JUL 94

**U.S. DEPARTMENT OF JUSTICE**

**FEDERAL BUREAU OF PRISONS**

This form is to be completed each time a stun belt is applied to an inmate.

A. Institution		Date	
B. Purpose of Escorted Trip <input type="checkbox"/> Emergency Medical <input type="checkbox"/> Non-Emergency Medical <input type="checkbox"/> Transfer <input type="checkbox"/> Court Appearance  <input type="checkbox"/> Other _____		C. Method of Transportation <input type="checkbox"/> Automobile <input type="checkbox"/> Ambulance <input type="checkbox"/> Van <input type="checkbox"/> Aircraft  <input type="checkbox"/> Other _____	
D. Inmate Name	Register Number	Officer in Charge	

E. Belt #: \_\_\_\_\_ F. Receiver #: \_\_\_\_\_

Transmitter #: \_\_\_\_\_

Date of Last Battery Charge: \_\_\_\_\_

Receiver: \_\_\_\_\_; Stun Pack: \_\_\_\_\_

Unit Tested (Prior to Application) 25 Feet ☐ Yes; ☐ No

F. Amount of Force Necessary to Place Belt on Inmate

- ☐ None
- ☐ Visible Display Prior to Application
- ☐ Physical Restraint Assistance Required  
(Use of Force Documentation Required)

G. Use of Belt (Check One)

☐ Activation not Required ☐ Activation Required

Number of Activations (If Applicable): \_\_\_\_\_

(Completion of Page 2 Required if Belt is Activated)

BP-S599.055 (Continued)

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Reason for Activating Belt

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Effects

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Complaints from Inmate

---

User Remarks

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DATE

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STAFF MEMBER ACTIVATING BELT

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SIGNATURE

(This form may be replicated via WP)

BP-S600.055 INMATE NOTIFICATION OF CUSTODY CONTROL BELT USE CDFRM  
JUL 94

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

You are hereby advised that you are being required to wear an electronic restraint belt.

This belt discharges 50,000 volts of electricity. By means of a remote transmitter, an attending officer has the ability to activate the stun package attached to the belt, thereby causing the following results to take place:

- ☐ Immobilization causing you to fall to the ground.
- ☐ Possibility of self-defecation.
- ☐ Possibility of self-urination.

**FAILURE TO COMPLY WITH OFFICER DIRECTIONS COULD LEAD TO ANY OF THE ABOVE.**

The belt could be activated under the following actions on your behalf and notification is hereby made:

- ☐ Any tampering with the belt.
- ☐ Failure to comply with staff's verbal order to halt movement of your person.
- ☐ Any attempt to escape custody.
- ☐ Any attempt to inflict serious bodily harm on another person.
- ☐ Any loss of visual contact by the Officer in Charge.

I UNDERSTAND THE ABOVE INFORMATION AND ACKNOWLEDGE BEING ADVISED OF SAME.

\_\_\_\_\_  
INMATE NAME

\_\_\_\_\_  
ESCORTING OFFICER

\_\_\_\_\_  
INMATE'S REG. NO.

\_\_\_\_\_  
OFFICER'S SIGNATURE

\_\_\_\_\_  
INMATE'S SIGNATURE

\_\_\_\_\_  
DATE

(This form may be reproduced via WP)